STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01			COMPLETED	
		155561 B. WING		_	01/03/2	2013	
NAME OF B	DOWNER OF CLIPPLIED			STREET.	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER			231 N .	JACKSON ST		
GOOD SAMARITAN HOME & REHABILITATIVE CENTER					AND CITY, IN 47660		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	``	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION DATE
K0000	REGULATORY OR	LSC IDENTIFFING INFORMATION)	+	TAG	DELICIENCE,	+	DATE
Noooo							
	A Life Safety Co	ode Recertification	K00	000	The creation and submission of	of	
	-	isure Survey was			this Plan of Correction does no		
		he Indiana State			constitute an admission by this		
	Department of				provider of any conclusion set		
	· ·				forth in the statement of deficiencies or any violation of	,	
	accordance Wil	h 42 CFR 483.70(a).			regulation. This provider		
	Comiani Datai O	01/02/12			respectfully requests that the		
	Survey Date: 0	01/03/13			2567 Plan of Correction be	hi a	
	Faailie Ni Naalaa	000227			considered the Letter of Credil Allegation and requests a Pos	I	
	Facility Numbe				Certification Desk Review in lie		
	Provider Numb				of a Posr Survey Revisit on or		
	AIM Number:	100273920			after January 23, 2013.		
	Surveyor: Lex	Prachoar Life					
	=						
	Safety Code Sp	ecialist					
	At this Life Safe	ety Code survey,					
	Good Samarita	n Home and					
	Rehabilitation (Center was found					
	not in complia	nce with					
	Requirements	for Participation in					
	Medicare/Medi	caid, 42 CFR					
	Subpart 483.70	O(a), Life Safety					
	•	the 2000 edition of					
	the National Fi						
	Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.						
	IAC 10.2.						
	This one story	facility with two					
	separate basen	nents was					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

000327

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	NSTRUCTION 01	(X3) DATE S COMPL		
155561			LDING	01	01/03/		
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER	R			ACKSON ST		
GOOD S	AMARITAN HOME	& REHABILITATIVE CENTER		OAKLAI	ND CITY, IN 47660		
(X4) ID		TATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION DATE
		be of Type V (000)					
	construction a						
		he facility has a fire					
	· ·	vith hard wired					
	smoke detecto	rs on both levels					
	including the c	corridors and spaces					
	open to the co	rridors, plus battery					
	operated smok	ce detectors in all					
	-	ng rooms. The					
		apacity of 110 and					
		of 86 at the time of					
	this survey.						
	All areas where	e residents have					
	customary acco	ess were					
	sprinklered. A	ll areas providing					
	facility services	s were sprinklered,					
	except the phy	sical therapy closet					
	and the Activit	y Office closet in					
	<u> </u>	three detached					
		od and two metal,					
	used for facilit	y storage.					
		Robert Booher, Life Safety edical Surveyor on 01/09/13.					
	The facility was	s found not in					
	compliance wit						
	aforementione						
		as evidenced by the					
	following:	, ,					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SFO921

Facility ID: 000327

If continuation sheet Page 2 of 9

NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER XY ID SUMMARY STATEMENT OF DEFICIENCES ID SURGEACH DEFICIENCY MUST BE PRECEDED BY PLL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PLL PREFIX TAG REAGRATORY OF THE SUBMINIFYING NORMATION) RSS=E IRES AFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 I. Based on observation and interview, the facility failed to ensure a handrail was provided for 1 of 3 exits with ramps. LSC 19.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect up to 28 residents, as well as staff and visitors during an evacuation through the Chandelier Dining Room exit doors. Findings include: Based on observation on 01/03/13 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the Chandeller Dining Room exit had a sidewalk/ramp forty feet long STREET ADDRESS, CITY, STATE, 2IP CODE 231 N. JACKSON ST OAKLAND CITY, in 47660 OX50 STANDARD PROVIDERS NAME OF CREATION CITY OAKLAND CITY, in 47660 OX50 STATEST ADDRESS, CITY, STATE, 2IP CODE 231 N. JACKSON ST OAKLAND CITY, in 47660 OX50 DAKLAND	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER (XV) ID SUMMARY STATEMENT OF DEFICIENCIES TAG REGULATORY OR LSC IDENTIFYING INFORMATION) RO33 SS=E LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 . 19.2.1 1. Based on observation and interview, the facility failed to ensure a handrail was provided for 1 of 3 exits with ramps. LSC 19.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect up to 28 residents, as well as staff and visitors during an evacuation through the Chandelier Dining Room exit doors. Findings include: Based on observation on 01/03/13 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had STREET ADDRESS. CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47860 231 N JACKSON ST OAKLAND CITY, IN 47860 DATE STREET ADDRESS. CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47860 DATE STREET ADDRESS. CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47860 DATE STREET ADDRESS. CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47860 DATE SOCIETATION OF COMMETION OF COMMETION OF COMMETION DATE REGULATORY OF COMMETION OF COMMETION OF COMMETION DATE REGULATORY OF COMMETION OF COMMETION OF COMMETION OF COMMETION DATE 1. No residents were affected and and both alleged deficiencies have been corrected. All 61 access controlled efficiencies have been corrected. All 15 access controlled egress doors with locking devices connected to the fire alarm system now automatically release when the fire system is actuated. The 8 doors that were corrected were the station 3 south exit doors, chandelier Dining Room exit doors. Chandelier Dining Roo	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			ETED		
CAS D			155561				01/03/	01/03/2013	
GOOD SAMARITAN HOME & REHABILITATIVE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREHTX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEHCHENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K0038 SS=E K0038 NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 1. Based on observation and interview, the facility failed to ensure a handrail was provided for 1 of 3 exits with ramps. LSC 19.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect up to 28 residents, as well as staff and visitors during a evacuation through the Chandelier Dining Room exit doors. Findings include: Based on observation on 01/03/13 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had	NAME OF P	ROVIDER OR SUPPLIER		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE			
NA 10 PREPIX GEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPIX TAG									
RECHAPTION RECHAPTION STATE RECHAPTION TAG	GOOD SAMARITAN HOME & REHABILITATIVE CENTER			OAKLA	ND CITY, IN 47660				
REGULATORY OR LSC IDENTIFYING INFORMATION) K0038 SS=E S=E S=E S=E S=E S=E S=E S	` ,					PROVIDER'S PLAN OF CORRECTION			
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provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could as staff and visitors during an evacuation through the Chandelier Dining Room exit doors. Findings include: Dining Room. Alleged deficient practice #2 has also been corrected. All 15 access controlled egress doors with locking devices connected to the fire alarm system now automatically release when the fire system is actuated. The 8 doors that were corrected were the station 3 south exit doors, Chandelier Dining Room exit doors, station 2 south exit door, interior set of double doors seperating the two sections of station 2, and the single interior door seperating the south section of station 2 from the Chandelier Dining Room.2. Twenty-eight residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the		7.2.5.4 states h	nandrails shall be						
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evacuation through the Chandelier Dining Room exit doors. Findings include: Based on observation on 01/03/13 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had interior set of double doors seperating the two sections of station 2, and the single interior door seperating the south section of station 2 from the Chandelier Dining Room.2. Twenty-eight residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the						. – – – – – – – – – – – – – – – – – – –	r.		
Dining Room exit doors. Seperating the two sections of station 2, and the single interior door seperating the south section of station 2 from the Chandelier Dining Room.2. Twenty-eight residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the							.,		
Findings include: Based on observation on 01/03/13 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had Station 2, and the Single line for door seperating the south section of station 2 from the Chandelier Dining Room.2. Twenty-eight residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the						_			
Findings include: Of station 2 from the Chandelier Dining Room.2. Twenty-eight residents as well as staff and visitors could be affected by deficiency #1. Forty residents as tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had Of station 2 from the Chandelier Dining Room.2. Twenty-eight residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the		Diffiling Rooffi e	xit doors.						
Dining Room.2. Twenty-eight residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the		e							
Based on observation on 01/03/13 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had residents as well as staff and visitors could be affected by deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the		Findings includ	ie:				, 1		
01/03/13 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had deficiency #1. Forty residents as well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the			.•			residents as well as staff and			
tour of the facility with the Maintenance Director, the Chandelier Dining Room exit had well as staff and visitors could be affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the						1			
Maintenance Director, the Chandelier Dining Room exit had affected by alleged deficiency #2. A handrail has been constructed and installed on 1 side of the									
Chandelier Dining Room exit had A handrail has been constructed and installed on 1 side of the									
a sidewalk/ramp forty feet long existing exit ramp leading out of							_		
the Obertalian Dining Desire						, , ,	of		
with a grade change of more than the Chandelier Dining Room. Alleged deficient practice #2 has		with a grade ch	nange of more than			_	as		
one foot from top to bottom which also been corrected. All 15		one foot from t	top to bottom which						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SFO921

Facility ID: 000327

If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BIIII	LDING	01	COMPLE	TED
		155561	B. WIN			01/03/2	013
			В. WIIV		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIEF	₹			JACKSON ST		
GOOD S	AMARITAN HOME	& REHABILITATIVE CENTER			ND CITY, IN 47660		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	was not provid	led with a handrail			access controlled egress door		
	on either side.	This was			with locking devices connecte	d to	
	acknowledged	by the Maintenance			the fire alarm system now automatically release when th		
	Director at the	-			fire system is actuated. The 8		
	observation.				doors that were corrected wer		
	observation.				the station 3 south exit doors,		
					Chandelier Dining Room exit		
	3.1-19(b)				doors, station 2 south exit doo	r,	
					interior set of double doors		
	2. Based on o	bservation and			seperating the two sections of station 2, and the single interior		
	interview, the	facility failed to			door seperating the south sec		
	ensure 8 of 15	access controlled			of station 2 from the Chandelie		
	earess doors v	vith locking devices			Dining Room.3. A handrail ha	s	
	connected to t				been constructed and installed		
					1 side of the existing exit ramp		
	_ ·	atically unlocked			leading out of the Chandelier		
		alarm system was			Dining Room. Alleged deficient #2 has also been corrected. A	-	
	actuated. LSC				15 access controlled egress	\ii	
	refers to LSC C	Chapter 7. LSC			doors with locking devices		
	7.2.1.6.2(d) re	quires activation of			connected to the fire alarm		
	the building fi	re protection			system now automatically rele		
	signaling syste	em, if provided, shall			when the fire system is actuat		
		unlock the doors in			The 8 doors that were correcte	ed	
	1	f egress, and the			were the station 3 south exit doors, Chandelier Dining Room	_	
		-			exit doors, station 2 south exit		
		nain unlocked until			door, interior set of double doo		
	the fire protect				seperating the two sections of		
	system has be	en manually reset.			station 2, and the single interior		
	This deficient	practice could affect			door seperating the south sec		
	40 residents, a	is well as staff and			of station 2 from the Chandelie	er	
	visitors in Stati	ion 2 and Station 3.			Dining Room.Maintenance		
					supervisor, ED/designee will ensure all newly constructed e	'xit	
	Findings include:				ramps be equipped with 2	, AIL	
	i illialliga illiciut				handrails. Maintenance		
					supervisor will increase freque	ency	
	Based on obse				of day shift 5 panel testing to		
	01/03/13 betv	veen 12:20 p.m.			weekly for 6 months to ensure	all	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2013 FORM APPROVED OMB NO. 0938-0391

OF CORRECTION IDENTIFICATION NUMBER: 155561	A. BUILDING B. WING	01 	COMPLETED 01/03/2013
PROVIDER OR SUPPLIER AMARITAN HOME & REHABILITATIVE CENTER	231 N s	ADDRESS, CITY, STATE, ZIP CODE JACKSON ST IND CITY, IN 47660	
			DATE B D D D D D D D D D D D D D D D D D D
magnetic locks connected to the fire alarm system. The only way to exit these doors was to actuate the fire alarm system or press a five digit code on the keypad next to the doors, however, when the fire alarm system was actuated three times, these doors did not release from the magnetic locks automatically. This was acknowledged by the Maintenance Director at the time of each fire alarm test. 3.1–19(b)			

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	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED
		155561	B. WING		01/03/2013
NAME OF P	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE	
GOOD 8		& REHABILITATIVE CENTER		JACKSON ST AND CITY, IN 47660	
				1110 OII I, IIV 4/000	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	
TAG	`	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	
K0056	NFPA 101				
SS=E	LIFE SAFETY CO	DDE STANDARD			
		omatic sprinkler system, it is			
		dance with NFPA 13, Installation of Sprinkler			
		ide complete coverage for			
		building. The system is			
		led in accordance with			
		ard for the Inspection, ntenance of Water-Based			
	Fire Protection Sy				
		re is a reliable, adequate			
		water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are			
		ected to the building fire			
	Based on obse	rvation and	K0056	No residents were affected	
	interview, the f	facility failed to		and the alleged deficiency w	
	provide an auto	omatic sprinkler		corrected. Sprinkler heads installed into both the physic	
	system to ensu	ire complete		therapy closet and the activi	
	coverage in 2 o	of 6 smoke		office closet in the station 3	
	compartments	. This deficient		section.2. Twenty-eight resincluding staff and visitors have	
	practice could	affect 28 residents,		the potential to be affected by	
	staff and visito	rs in the two smoke		alleged deficiency. Sprinkle	r
	compartments	of Station 3.		heads were installed into bo	
				physical therapy closet and activity office closet in the st	
	Findings includ	de:		3 section.3. Maintenance	
				supervisor audited all areas	
	Based on obse	rvations on		building to ensure sprinkler l	heads
	01/03/13 at 1	1:10 a.m. and again		were in place in all required areas. Sprinkler heads are	in
	at 11:25 a.m. o	during a tour of the		place in all required areas.4	
	facility with the	e Maintenance		Safety meeting/CQI meeting	
	Director, the Pl	hysical Therapy		monthly will include review of planned new contruction or	of any
	cushion closet	in the Station 3		remodeling projects to ensur	re
	north section,	and the Activity		sprinkler heads are installed	
	Office closet in	the Station 3 south		required areas.	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155561			(X2) MULTIPLE CO	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 01/03/2013
			B. WING STREET A	ADDRESS, CITY, STATE, ZIP CODE	3 33. 23 73
NAME OF F	PROVIDER OR SUPPLIER			JACKSON ST	
GOOD S	AMARITAN HOME	& REHABILITATIVE CENTER	OAKLA	ND CITY, IN 47660	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
IAG	section were no	ot provided with s. This was by the Maintenance	IAG	DEPLETO 1)	DATE

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Event ID: SFO921

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED
		155561	B. WING		01/03/2013
NAME OF I	PROVIDER OR SUPPLIE	D.	STREET	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF F	ROVIDER OR SUPPLIE	K	231 N 、	JACKSON ST	
GOOD S	AMARITAN HOME	& REHABILITATIVE CENTER	OAKLA	AND CITY, IN 47660	
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE
TAG		R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
K0130	NFPA 101	I.e.			
SS=C	MISCELLANEOU	FICIENCY NOT ON 2786			
	Based on reco		K0130	No residents were affected	01/23/2013
		nd interview; the		and the documentation deficie	•
		o document the		has been corrected. A comple	
	-	of 51 of 51 battery		check of all 51 battery-operate	ed
		•		smoke detectors has been performed and individually	
		ke detectors in		documented on the	
		s to ensure the		Battery-Operated Smoke	
		ors are continually		Detector Maintenance Log to	
		A 101 in 4.6.12.2		ensure the smoke detectors a	re
	_	life safety features		all properly working.2. All residents including staff and	
	obvious to the	public, if not		visitors have the potential to b	e
	required by th	e Code, shall either		affected by the alleged	
	be maintained	or removed. This		deficiency. A complete check	
	deficient pract	ice could affect all		all 51 battery-operated smoke	
	residents, staf	f, and visitors in the		detectors has been performed and individually documented of	
	facility.			the Battery-Operated Smoke	
	•			Detector Maintenance Log to	
	Findings inclu	de:		ensure the smoke detectors a	re
	, ,			all properly working.3.	
	Based on revie	w of hattery		Maintenance Supervisor has been in-serviced by Executive	
	operated smol	,		Director on the proper form an	
	•	n in the Life Safety		policy of documenting	
		ntation book on		battery-operated smoke	
				detectors. Battery-Operated	
	, ,	0:15 a.m. with the		Smoke Detector Maintenance Log is now being used to ensu	Ire
		Director present, the		appropriate documentation is	
		for testing battery		performed with each check. E	:D
		ke detectors in all 51		will sign off monthly for 6 mon	
		s only included the		on all Battery-Operated Smok	
	day of the moi	nth the smoke		Detector Maintenance Logs. 4 All Battery-Operated Smoke	+ .
	detectors were	e tested. It did not		Detector Logs will be brought	to
	include an iter	nized list of each		monthly safety/CQI meeting to	
	room where ba	attery operated		check for proper documentation	

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PRINTED: 01/25/2013 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION IDENTIFICATION NUMBER: 155561	(X2) MULTIPLE CO A. BUILDING B. WING	01	COMP 01/03	ESURVEY LETED 3/2013
	PROVIDER OR SUPPLIER AMARITAN HOME & REHABILITATIVE CENTER	231 N .	ADDRESS, CITY, STATE, ZIP COD JACKSON ST IND CITY, IN 47660	Е	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPF DEFICIENCY)	LD BE ROPRIATE	(X5) COMPLETION DATE
	smoke detectors were located and a pass or fail result for each smoke detector. At the time of record review the Maintenance Director said all resident room battery operated smoke detectors were tested each month, however, only the date of the tests was recorded. Based on observations on 01/03/13 during the tour of the facility with the Maintenance Director from 10:30 a.m. to 12:45 p.m., battery operated smoke detectors were observed in all resident rooms. 3.1–19(b)		of all 51 battery-operated detectors.	smoke	

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